South Carolina Department of Social Services
Office of Child Care Licensing
INSPECTION VISIT FORM FOR LICENSED CENTERS

Date of Inspection: 9/17/2026
Time of Inspection: 11:38
Type of Inspection: X **Annual** □ **Complaint**
□ **Follow Up (Original Inspection**
Date: ___/___/___)
Reason for Follow up:
□ **Pending Deficiencies**
□ **Self-Reported Incident**

Facility Name: Lowcountry Leadership Pre-School
Permit #: 23632
Address: 5139 Gibson Road Bldg B Hollywood, SC 29449

Telephone #: 843-889-5577 Any changes in contact info (Phone/Email/Fax)? □ Yes X No
Center Director/Designee: Megan Whitt
Change in Ownership or Director? □ Yes X No If yes, Name: _____
Maximum number of children: 40 Building 1: ✓ Building 2: _____ Building 3: _____
Maximum number of infants: 3 □ 24 months X 30 months □ I-4 facility **Infants are in designated rooms?** □ Yes □ No X N/A
Items posted in public view: X License X Menu X Ratio Chart (All classrooms) **Does facility transport children?** □ Yes □ No X N/A
ABC Quality No **Head Start** □ Yes X No **Public Schools** □ Yes X No **Overnight Care?** □ Yes X No
Hours of Operation: M- 7:30AM- 3:45PM T- 7:30AM- 3:45PM W- 7:30AM- 3:45PM Th- 7:30AM- 3:45PM F- 7:30AM- 3:45PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	C	N	N/A
Staff files are in compliance **H(1-7)**	□	□	X
Training hours up-to-date **K(5)(b-c)**	✓	X	□
At least 1 person with CPR & 1st Aid on the premises **K(5)(h)**	X	□	□

SUPERVISION 114-504	C	N	N/A
Adequate supervision throughout facility **A(1-2)**	X	□	□
Facility following tracking of children procedures **A(3)**	X	□	□
Ratios adequate in all classrooms and on playground **B, C**	X	□	□

HEALTH, SANITATION & SAFETY 114-505	C	N	N/A
Children's faces/hands are clean **B(1)**	X	□	□
Medicine and harmful items labeled and stored properly **D(2)**	X	□	□
First Aid kit in facility and in vehicle if transport **E(1), I(1)(g)**	X	□	□
Current Emergency Preparedness Plan **H(3)**	X	□	□

	C	N	N/A
Proper diaper changing practices were observed **F(1-16)**	□	□	X
Proper handwashing practices were observed **G(4)**	X	□	□
No smoking/consumption of alcoholic beverage **A(3)**	X	□	□
Emergency Medical Plan **C(1)**	X	□	□

PHYSICAL SITE 114-507 — BUILDING	C	N	N/A
Ventilation and lighting & sufficient **A(2)(a-d), (4)**	X	□	□
No strangulation/choking/suffocation hazards **A(5)(g)**	X	□	□
Ceiling, floors, windows, doors free from hazards **A(5)(d)**	X	□	□
Building(s) temp between 68-80°F **A(7)** If no, close in 4 hrs.	X	□	□
Facility free from pest problems (insects, rodents) **A(8)(b-c)**	X	□	□
All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. **A(5)(c) (e), A(8); E(1),(4)**	X	□	□
Electrical outlets are securely covered **A(11)(c)**	X	□	□
Sink area has running water **A(12)(d)**	X	□	□
Soap and disposable towels available at sink **A(12)(i)**	X	□	□
Furniture, toys & equipment are clean and in good repair **C(1)**	X	□	□
Furniture, toys & equipment meets the CPSC standards **C(2)**	X	□	□
Healthy animals, not permitted if allergic **E(4)**	□	□	X
Other environmental allergies **(Policy #120)**	X	□	□

PLAYGROUND	C	N	N/A
Playground equip. safe & firmly anchored **B(7)**	X	□	□
Adequate cushioning material; at least 6ft fall zone **B(9)**	X	□	□
Fencing/safety barriers 4ft. in height, in good repair **B(4)**	X	□	□
Outdoor space free from hazards and litter **B(2)**	X	□	□

RESTING	C	N	N/A
Play Pens observed **C(4)**	X	□	□
Cribs meet federal standards (reviewed certificate) **D(1)**	□	□	X
Cots, mats, cribs labeled or charted for each child **D(2)**	X	□	□

PROGRAM 114-506	C	N	N/A
Written, planned, daily program of activities that is developmentally & age appropriate observed **A(1-3)**	X	□	□
Positive, non-abusive discipline practice **B(1)**	X	□	□
	□	□	X

MEAL REQUIREMENTS 114-508	C	N	N/A
Meals & snacks in compliance with USDA **A(1)(b)**	X	□	□
Clean, wholesome, unspoiled, properly labeled food **A(4)**	X	□	□
Food preparers have proper hair restraints **B(5)**	X	□	□
Refrigerators have thermometers, temp under 45°F **D(2-3)**	X	□	□
Prevention and response to food allergies **A(9-10)**	X	□	□

	C	N	N/A
Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk **A(3)**	X	□	□
Food stored & handled properly **D(1)**	X	□	□
All cleaning & poisonous items stored away from food **D(8)**	X	□	□
	□	□	X

INFANT CARE 114-509	C	N	N/A
Infants are placed on their back to sleep **A(5)(a)**	□	□	X
No bottles propped or given in cribs or on mats **A(3)(c)**	□	□	X
Food for toddlers cut in pieces ½ inch or less **A(3)(k)**	X	□	□
Food for infants cut in pieces ¼ inch or less **A(3)(j)**	□	□	X
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed **A(3)(d)**	□	□	X
Cups and bottles labeled with child's name & used only by that child **A(3)(a)**	X	□	□

TRANSPORTATION 114-505 I	C	N	N/A
Vehicle has proper safety restraints & in good repair **I(1)**	□	□	X
Checklist for loading/unloading children reviewed **(2)(d)**	□	□	X
Driver's (valid) driver's license reviewed **(1)(f)**	□	□	X

C-Compliant with Regulation
N-Noncompliant with Regulation

Violations noted at the time of visit □ Yes X No
Any violations corrected onsite □ Yes X No **DSS Form 2910 needed** X Yes □ No

Signature of Director/Operator/Designee: Megan Whitt Date: 9/17/2026 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: D. Taylor Date: 9/17/2026

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Lowcountry Leadership Pre-School

PERMIT # 23632

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
3 staff files are missing training hours for 2025.	All training must be completed annually.	Date of visit 9/17/2026

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist DeShayla Taylor Digitally signed by DeShayla Taylor Date: 2026.09.21 10:10:02 -04'00' **Date** 09/21/2026